Date Received	Check #	FEE: 25.00	Permit #			
ABOVE FOR OFFICE USE ONLY						



CITY OF CHICOPEE BOARD OF HEALTH APPLICATION TO KEEP RESIDENTIAL LIVESTOCK 2015

2015
Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Address:	Name:							
Please list the number and type of animals being kept on the property. If additional space is needed use back side of applicate Type Number Type Numbe	Address:			Phone:				
PLEASE INCLUDE PERMIT FEE OF \$25 FEE IS NON-REFUNDABLE CHECK OR MONEY ORDER ONLY NO CASH MAKE PAYABLE TO: THE CITY OF CHICOPEE I hereby agree to adhere to the rules and regulations set forth by the City of Chicopee for the keeping of residential livestock. Signature of Applicant Date Livestock Inspection (To Be Completed at Time of Inspection)	Please list the number	er and type of animal	s being kept on the pro	perty. If additional space	is needed use back sid	le of application.		
CHECK OR MONEY ORDER ONLY NO CASH MAKE PAYABLE TO: THE CITY OF CHICOPEE I hereby agree to adhere to the rules and regulations set forth by the City of Chicopee for the keeping of residential livestock. Signature of Applicant Date Livestock Inspection Section (To Be Completed at Time of Inspection)	Type	Number ——	Type	Number 	Type	Number		
Livestock Inspection Section (To Be Completed at Time of Inspection)	CHECK OR MONE	Y ORDER ONLY NO	CASH M	IAKE PAYABLE TO: TH	E CITY OF CHICOPE			
(To Be Completed at Time of Inspection)	Signature of Applica	nnt		Date				
Inspection Date:			Livestock In (To Be Complete	nspection Section ed at Time of Inspection)				
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
Inspection Date:								
					Inspection D	ate:		
Inspector Signature Permit Holder Signature					· II 11 - C'			